



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
 12055 Government Center Parkway, Suite 801
 Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: SP 2014-LE-038
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning
 SEP 25 2013

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME <u>Arrinder Kaur</u>	
	MAILING ADDRESS <u>5908 Dinwiddie St Springfield VA 22150</u>	
	PHONE HOME <u>(703) 451-9983</u> WORK <u>(703) 451-9983</u>	
	PHONE MOBILE <u>(571) 337-9550</u> EMAIL <u>S. Raghbir@gmail.com</u>	
PROPERTY INFORMATION	PROPERTY ADDRESS <u>5908 Dinwiddie St Springfield VA 22150</u>	
	TAX MAP NO. # <u>(12) (16)</u>	SIZE (ACRES/SQ FT) <u>9,040</u>
	ZONING DISTRICT <u>R-4</u>	MAGISTERIAL DISTRICT <u>Lee</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION <u>8-305</u>	
	PROPOSED USE <u>Home child care facility</u>	
AGENT/CONTACT INFORMATION	NAME <u>Same as above</u>	
	MAILING ADDRESS	
	PHONE HOME <u>(703) 451-9983</u> WORK <u>(703) 451-9983</u>	
	PHONE MOBILE <u>(571) 337-9550</u> EMAIL <u>S. Raghbir@gmail.com</u>	
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p>		
<u>Arrinder Kaur</u>		<u>Arrinder Kaur</u>
TYPE/PRINT NAME OF APPLICANT/AGENT		SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: 4/10/14 Application Fee Paid: \$ 435.00